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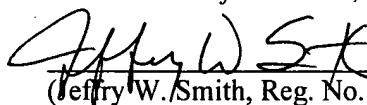
**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

Applicant: Dee et al.  
Filing Date: February 25, 2004  
Application No.: 10/786,209  
For: FATTY ACID ANTIMICROBIAL  
Docket No.: 10004.512  
Express Mail No.: EM310528308US  
Date of Deposit: July 25, 2008

I hereby certify that these attached documents

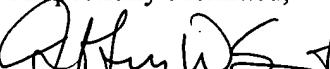
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(Jeffry W. Smith, Reg. No. 33455)

Enclosed for filing please find the above-referenced documents. Please indicate receipt of these documents by returning the attached postcard with the official Patent and Trademark Office receipt stamped thereon.

Respectfully submitted,

  
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JUL 25 2008

PTO/SB/21 (01-08)

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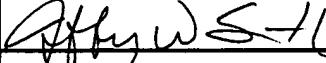
(to be used for all correspondence after initial filing)

<b>TRANSMITTAL FORM</b>  <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/786,209	
	Filing Date	February 25, 2004	
	First Named Inventor	Alejandro O. Dee	
	Art Unit	1615	
	Examiner Name	N. Levy	
Total Number of Pages in This Submission	1	Attorney Docket Number	10004.512

### ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please Identify below):
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### SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	SMITH LAW OFFICE		
Signature			
Printed name	Jeffry W. Smith		
Date	Jul 25, 2008	Reg. No.	33455

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